1. PLACE OF BIRTH	BUREAU OF V	BOARD OF HEALT ITAL STATISTICS OFFICATE OF BIRTH	H State File No
County Sula		State	<u> </u>
District or Township		or Village	
City Winhe	man	used in a bosnital or institution	St. Ward give its NAME instead of street and number)
Polo	to Onto		If child is not yet named, make supplemental report, as directed.
2. Full name of child Off Sources ONL.	. \ A Twin triplet or othe	r	supplemental report, as directed.
3. Sex of Child To be answered ONL in event of plural births,	5. No., in order of birth	4,	7. Date of birth North Day Year
8. FATHER	1	14. (MOTHER
Full name		Full malden name	milia Varila
9. Residence (Úsual place of abode) Win	pelman	15 Residence (Usual place of abode)	Voulalman
If non-resident, give place and state.		If non-resident, give 1	place and state.
10. Color or race Musican 11. Age at Ia	at birthday 94 (Years)	16 Color or raca	17. Age at last birthday (Years)
12. Birthplace (city or place)	Sa	18. Birthplace (city or pla	og San Higuel
(State or country)	}	(State or country)	mora
13. Occupation John	in	19. Occupation	Jourse Col
Nature of industry		Nature of Industry	
20. Number of children of this mother	2 (a) Born alive a	nd now living 2	21. Were precautions taken seginst oph-
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive t		theimia neonatorum?
		G PHYSICIAN OR MIDWIF	F-4-
I hereby certify that I attended the birth	of this child, who was	(Born alive es stillborn)	m. on the date above stated
*When there was no attending physicia or midwife, then the father, householde etc., should make this return. A stillbor	n Signature.	arling for	ito ho
child is one that neither breathes ne shows other evidence of life after birth	ī.)	////	(Physician or midwife).
Given name added from a supplemental report.	Address	Jo den	cery
Month, day,	year Filed	an 5 1929	PSHLITT
Registr		, -, -, -, -, -, -, -, -, -, -, -, -, -,	Registrar

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